AMENDMENTS

Amendments to the Claims:

This listing of claims will replace all prior versions and listings of claims in the application:

Listing of Claims

1. (Currently amended) A method for improving glucose control as measured by glycosylated hemoglobin (HbA1c) in blood from a patient comprising administering DHA to the patient on a periodic basis in an amount sufficient to reduce glycosylation levels of circulating hemoglobin in the patient, wherein the DHA is in a triglyceride oil.

2. (Currently amended) A method for treating diabetes comprising administering to an individual in need thereof an effective amount of the DHA substantially contemporaneously with a second pharmaceutical.

3. (Currently amended) The method of claim 1 wherein a second pharmaceutical is administered substantially contemporaneously with the DHA.

4. (Previously presented) The method of claim 2 or 3 wherein the second pharmaceutical is an antidiabetic.

5. (Previously presented) The method of claim 4, wherein the antidiabetic is insulin, a sufonylurea, an alpha-glucosidase inhibitor, a biguanide, a meglitinide, or a thiazolidinedione, or combinations thereof.

6. (Previously presented) The method of claim 5 wherein a hypoglycemic agent is administered

in a dose less than the dose required to control blood glucose in the absence of DHA administration.

7. (Currently amended) The method of claim 4, ~~5, or 6~~ further comprising a combination of two or more antidiabetics.

8. (Previously presented) The method of claim 1 wherein the patient is prediabetic.

9. (Previously presented) The method of claim 1 wherein onset of Type II diabetes mellitus is delayed.

10. (Currently amended) The method of claim 1, wherein the DHA is administered to a patient who exhibits fasting glucose between about 110 to about 127 mg/dL; fasting insulin greater that 6 μU/ml; and a triglyceride/HDL-C ratio of greater than about 3; and/or HbA1c blood greater than about 7%; and said administration results in delayed onset of Type II diabetes mellitus; and glucose control ~~as measured by FSIGT~~ is improved and/or reduced blood HbA1c compared to a patient which has not received DHA.

11. (Currently Amended) The method of ~~any preceding~~ claim 1, wherein the patient exhibits at least three symptoms selected from abdominal obesity, high triglycerides, low HDL cholesterol, high blood pressure and fasting glucose greater than 100 mg/dL.

12. (Currently Amended) The method of ~~any preceding~~ claim 1, wherein the patient exhibits at least one of the following: fasting glucose between about 110 to about 127 mg/dL, fasting insulin greater than about 6 μU/ml, triglyceride/HDL-C ratio of greater than about 3, and a blood HbA1c greater than 7%.

13. (Currently amended) The method of any preceding claim wherein glucose control ~~as measured by FSIGT~~ is improved.

14. (Currently amended) The method of ~~any preceding~~ claim 1, wherein glucose control is improved according to an HbA1c.

15. (Currently amended) The method of ~~any preceding~~ claim 1, wherein blood HbA1c is reduced compared to a patient which has not received DHA.

16. (Currently amended) The method of ~~any preceding~~ claim 1, wherein said patient is protected against peripheral artery disease associated with both early type II and pre-type II diabetes.

17. (Currently amended) A method for treating diabetes comprising administering about 500 mg or more of DHA over a twenty-four hour period to an individual with a ~~HbAc1~~ HbA1c greater than about 6% wherein a reduced amount of an antidiabetic is administered during the same twenty-four hour period to provide a reduced ~~HbAc1~~ HbA1c or fasting insulin compared to a patient who has not been administered DHA.

18. (Currently amended) The method of claim 4 ~~claims 2 to 17~~, wherein side effects associated with taking an antidiabetic are reduced when compared to a patient who has not been administered DHA.

19. (Withdrawn) A method of treating an individual at risk of developing metabolic syndrome comprising:

a) assessing an individual to determine if two or more risk factors are present wherein the risk factors are selected from abdominal obesity (men>40" waist, women>35"), high triglycerides (≥150 mg/dL), low HDL cholesterol (men<40 mg/dL women<50 mg/dL), high blood pressure (≥130/≥85), small LDL particle size and high fasting glucose (>110 mg/dL);

b) providing said individual with a dosage of DHA which is greater than about 750 mg/day.

20. (Currently amended) The method of ~~any preceding~~ claim 1, wherein said administration of

the DHA is chronic.

21. (Currently amended) The method of ~~any preceding~~ claim 1, wherein the relative amount of glycosylated hemoglobin is reduced without inducing side effects of excessive fatty acid dosing.

22. (Currently amended) The method of ~~any preceding~~ claim 1, wherein the DHA makes up at least about 70% of the fatty acids administered as a triglyceride oil~~, free fatty acids, fatty acid alkyl esters or combinations thereof~~.

23. (Currently amended) The method of ~~any preceding~~ claim 1, wherein the DHA is administered in a triglyceride oil which contains no other ω-3 PUFA greater than about 4% of total fatty acid.

24. (Currently amended) The method of ~~any preceding~~ claim 1, wherein the DHA is administered in a triglyceride oil which has an EPA content less than about one-fifth that of DHA.

25. (Currently amended) The method of ~~any preceding~~ claim 1, wherein the DHA is administered in a food product that contains DHA as a triglyceride oil~~, free fatty acids, fatty acid alkyl esters or combinations thereof~~.